

L10000 71018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

~~900~~ 707 W15-21503

Office Use Only



800270251808

03/09/15--01030--023 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAY 14 PM 3:40

APPROVED  
AND  
FILED

5/14  
[Signature]

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TT BEAUTY & NAILS SUPPLY LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TAN VAN TRAN

Name of Person

TT BEAUTY & NAILS SUPPLY LLC

Firm/Company

2213 N FORSYTH RD UNIT 2D

Address

ORLANDO, FL 32807

City/State and Zip Code

TCNGUYENCO@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMY NGUYEN

407

408-5578

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAY 14 PM 3:40

APPROVED  
AND  
FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 27, 2015

TAN VAN TRAN  
2213 N FORSYTH RD UNIT 2D  
ORLANDO, FL 32807

SUBJECT: TT PRODUCTIONS, LLC  
Ref. Number: W15000021503

We have received your document for TT PRODUCTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments to articles of organization of a Florida limited liability company must comply with section 605.0202, Florida Statutes. For your convenience, we are enclosing the appropriate form and instructions.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 415A00006191

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

TT BEAUTY & NAILS SUPPLY, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JUNE 20, 2011 and assigned  
Florida document number L11000071018.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

TT PRODUCTIONS, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida  
State Code

APPROVED  
AND  
FILED  
15 MAY 14 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

5 MAY 14 PM 3:40  
 SECRETARY OF STATE  
 PALATKA  
 FLORIDA

APPROVED  
 AND  
 FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

---

---

---

---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 28<sup>TH</sup>, 2015.

Tan Van Tran

Signature of a member or authorized representative of a member

TAN V TRAN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAY 14 PM 3:40

APPROVED  
AND  
FILED